

Protocol Number:

56

Protocol Title:

Immunization Procedures Delegation Protocol – Outpatient

Protocol Applies To:

All UW Health clinics

Target Patient Population:

Any adult or pediatric patient seen in a UW Health Clinic who is due for immunization with vaccines covered in this protocol.

Protocol Champion:

James Conway, MD, Department of Pediatrics, Division of Infectious Disease
Katherine Hartkopf, PharmD, Department of Pharmacy
Jennifer Bellehumeur, RN, MS, CNS, Infectious Disease and Immunology
Sandy Jacobson, Clinic Operations Manager Pediatrics-General

Protocol Authors:

Cheryl Schutte, MBA, Center for Clinical Knowledge Management

Responsible Department:

UWHC Pharmacy Department
UWHC Nursing Department

Purpose Statement:

To delegate authority from clinic physicians to registered nurses (RNs), pharmacists (RPhs), licensed practical nurses (LPN), and medical assistants (MA) to screen for, order, and administer indicated immunizations as appropriate.

Who May Carry Out This Protocol:

Registered nurses may screen for, order, and administer any vaccination identified within this protocol. This includes influenza, pneumococcal, tetanus (Tdap or Td), acellular pertussis, haemophilus influenzae B, hepatitis A, hepatitis B, human papillomavirus (HPV), inactivated poliovirus, measles, mumps, rubella, meningococcal, rotavirus, varicella, zoster and any combinations of these vaccines.

Pharmacists who have completed 12 hours in a course of study and training approved by the Accreditation Council for Pharmacy Education (ACPE) in vaccination storage, protocols, administration techniques, emergency procedures and record keeping may screen for, order, and administer vaccines to patients age 6 and older. Documentation of proof of completion will be maintained by the Department of Pharmacy.

MAs and LPNs may screen for, order, and administer influenza, tetanus (Tdap or Td), adult pneumococcal and/or any scheduled repeat dose to include and but not limited to

haemophilus influenzae B, hepatitis A, hepatitis B, human papillomavirus (HPV), inactivated poliovirus, measles, mumps, rubella, meningococcal, rotavirus, varicella, and any combinations of these vaccines.

Guidelines for Implementation:

- A. The RN, RPh, MA, or LPN will perform patient screening to assess immunization status, risk, or contraindications.
 1. Obtain past history from the patient and the patient's medical record of clinical experience with a vaccine preventable disease, for example, history of chicken pox or hepatitis A or B.
 2. Obtain a history of allergies, including latex and eggs, or other disease conditions prior to initiation of immunization of any patient. If there is history of previous reaction to any immunization, the patient is referred to a physician or provider. The provider will determine if the immunization should be given again. If the patient is allergic to a component of the vaccine (eggs, etc) the provider may decide to refer the patient to the allergy clinic for testing and administration of the vaccine.
 3. Obtain the patient's past immunizations by referring to the patient's clinical record and Wisconsin Immunization Registry (WIR) (if receiving a live virus, ensure they have not received a vaccination in the last 4 weeks).
 4. Interview patient or parent/guardian.
 5. Assess patient's current health.
 6. Utilize available site specific screening tools for need.
 7. Ask additional vaccine specific screening questions as appropriate (e.g. if patient is to receive an influenza vaccine or tetanus containing vaccine [Tdap or Td], ask patient if he/she has ever had Guillain-Barré syndrome).
- B. Staff will not vaccinate until a provider is consulted if patient:
 1. Shows signs of illness.
 2. Has had a history of previous reaction to any immunization.
 3. Has a current active infection - acute febrile illness, viral illness (including upper respiratory infection).
 4. Is scheduled to receive a live virus vaccine in the following situations:
 - a. Pregnancy.
 - b. Current immunocompromised conditions, such as lymphoma, leukemia, other malignancy or blood dyscrasia affecting bone marrow or lymphatic system, immune deficiencies, gamma globulin deficiency.
 - c. Current immunosuppressive therapy, such as adrenocorticotrophic hormone, corticosteroids, irradiation, alkylating agents or antimetabolites.
 - d. Treatment with intravenous immunoglobulin in the past year.
 - e. Long term health problem such as heart disease, lung disease, asthma, kidney disease, neurologic or neuromuscular disease, liver, disease, metabolic disease, or anemia or another blood disorder.

- C. Prior to administration the staff will provide patients/families with the following education:
1. Provide current Vaccine Information Sheets (VIS). Federal reporting requirements for specified vaccines dictate the provision of Vaccine Information Sheets and the inclusion of the manufacturer and lot number in a permanent record.
 2. Information on the possible side effects and reactions. Information is given regarding the time interval during which reaction is likely to occur, symptoms, action to alleviate symptoms, and duration of symptoms.
 3. It a requirement of UW Health that Vaccine Information Sheets be given for all vaccines when they are available, even those vaccines not covered under federal law.
- D. Administration
1. Obtain appropriate vaccine; check expiration date and appearance. Review the package insert as needed for information regarding dosage, administration, and contraindication for immunization.
 2. Check medication label and withdraw appropriate dosage into syringe.
 3. Prepare skin area appropriately where vaccine will be injected.
 4. Give medication intramuscularly, subcutaneously, or intradermally as appropriate for the particular vaccine.
 5. If vaccine is delivered via oral or nasal route, administer according to directions on package insert.
 6. Document the date the vaccine was administered, the manufacturer, lot number of the vaccine, dose administered, site, Vaccine Information Sheet given and the Vaccine Information Sheet's publication date in the patient's medical record (in Health Link and/or the Wisconsin Immunization Registry). Immunization information documented in Health Link is uploaded weekly from Health Link to the Wisconsin Immunization Registry.
- E. It is recommended to observe patient in clinic for 15 minutes following immunization and observe for any untoward reaction
1. In the event of respiratory distress, anaphylaxis or angioneurotic edema (swelling of throat and pharynx):
 - a. Notify physician immediately and follow your clinic's emergency response policy.
 2. All untoward reactions to immunizations, such as fever, rash, abscesses, etc., are reported to the physician. Specify the vaccine given, the time interval from injection until reaction, the pharmaceutical company which produced the vaccine, and lot number.
- F. Complete and submit Vaccine Adverse Event Reporting System form (<https://vaers.hhs.gov>). All reactions must also be recorded in the patient's health record. All adverse reactions should be reported through the Patient Safety Network.
- G. Complete patient or caregiver education

1. Provide a complete record of immunization history, including dates and types of immunizations. Remind patient or caregiver of the importance of keeping a record of immunizations for outside providers.
2. Provide information regarding the need for booster doses and the time interval between doses.
3. Provide additional resources if patient or caregiver would like more information.

References:

- A. UWHC Administrative Policy 1.40, Wisconsin Immunization Registry (WIR) Utilization at UWHC
- B. UWHC Administrative Policy 8.17, Administration of Medications
- C. UWHC Administrative Policy 7.36, Emergency Response Teams
- D. MF Immunization Administration Policy and Procedure- on UConnect
- E. UW Health Inactivated Influenza Vaccine Immunization and Administration Guidelines, August 2012
- F. UW Health Live Attenuated influenza Vaccine Immunization and Administration Guidelines August 2012
- G. American Academy of Pediatrics. 2009 Red Book: Report of the Committee on Infectious Diseases. 28th ed. Elk Grove Village, Ill.: American Academy of Pediatrics, 2009.
- H. Smith-Temple, J. & Young Johnson, J. (2006). Nurse's guide to clinical procedures (5th ed.), 5.12 Administering intradermal medications (pp. 202-206); 5.13 Administering subcutaneous medications (pp.206-211); and 5.15 Administering intramuscular medications (pp. 215-220). Lippincott Williams & Wilkins: Philadelphia.
- I. The Advisory Committee on Immunization Practices:
www.cdc.gov/vaccines/recs/acip
- J. The American Academy of Pediatrics: <http://www.aap.org>
- K. The Immunization Action Coalition: <http://www.immunize.org/>
- L. Vaccine Adverse Event Reporting System: <http://vaers.hhs.gov>
- M. Guide to Contraindications and Precautions to Commonly Used Vaccines
- N. Guide to Contraindications and Precautions to Commonly Used Vaccines in Adults

Collateral Documents/Tools:

Screening Questionnaire for Child and Teen Immunization
Screening Questionnaire for Adult Vaccination
Screening Questionnaire for Inactivated Injectable Influenza Vaccination
Screening Questionnaire for Live Attenuated Intranasal Influenza Vaccination

Approved By:

Immunization Task Force, July 2012
Antimicrobial Use Subcommittee, July 2012
UW Health Ambulatory Protocol Committee, July 2012

Pharmacy and Therapeutics Committee, July 2012
UWHC Medical Board, August 2012
UWMF Medical Director of Ambulatory Clinics Operations, August 2012
DFM Vice Chair for Clinical Care, July 2012

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